

**Health, Wellbeing and Adult Social Care Scrutiny Committee - 17 December 2024**

Minutes of the meeting of the Health, Wellbeing and Adult Social Care Scrutiny Committee held at on 17 December 2024 at 7.30 pm.

**Present:**           **Councillors:**           Chowdhury (Chair), Croft (Vice-Chair), Burgess, Clarke, Gilgunn and Nargund

**Councillor Jilani Chowdhury in the Chair**

**42           APOLOGIES FOR ABSENCE (Item A1)**

Apologies were received from Councillors Hamdache and Gallagher.

**43           DECLARATION OF SUBSTITUTE MEMBERS (Item A2)**

There were no substitute members.

**44           DECLARATIONS OF INTEREST (Item A3)**

There were no declarations of interest.

**45           MINUTES OF THE PREVIOUS MEETING (Item A4)**

**RESOLVED:**

That the minutes of the previous meeting held on 11 November 2024 be agreed as a correct record and the Chair be authorised to sign them.

**46           CHAIR'S REPORT (Item A5)**

The Chair notified the Committee that a visit had been arranged to Mildmays Extra Care on the 7<sup>th</sup> of January 2025, and the visit would be taking place between 4:30pm-5:30pm. The focus group meeting would also take place during the visit on the day.

**47           PUBLIC QUESTIONS (Item A6)**

There were no public questions.

48

**SCRUTINY REVIEW OF ADULT SOCIAL CARE ACCOMMODATION - WITNESS EVIDENCE 1 (Item B1)**

**Centre 404**

Shillah Muwonge, Operations Manager, Centre 404, introduced the presentation and summarised key points as set in on pages 5 -12 on the agenda pack.

The following main points were noted in the discussion:

- The Committee noted that there was around 8 supported living accommodation units within Islington, all with 24 hours support. The Council commissioned Centre 404 services and the nomination rights were entirely with the Adult Social Care service.
- In terms of access to the programme, it was stated that the Council and the social worker would refer individuals who they felt was in need of the programme. This programme accommodated for individuals with a mixture of needs, some that had very high needs. It would be the assessment process that would determine the level of need for each individual.
- It was also advised that visits were carried out in order to complete the needs assessment. The needs assessment was a thorough process where the individual would be assessed to ensure that the accommodation was suitable for their needs. Service users would also have the opportunity to visit the accommodation to gauge whether the accommodation would be suitable.
- In response to a question about Artificial Intelligence (AI) and Virtual Reality (VR) projects, it was advised that these projects were not in place yet and was only at the research phase. Ongoing research had been done with students from London Metropolitan University. In terms of the VR projects, this was also a work in progress. The idea would be for VR to help assist individuals to face their fears and challenges, this would include various settings like hospitals and sensory rooms.
- In response to a question about people participation, service user involvement and the Have Your Say Group, it was advised that there were a few common areas where service users have expressed their thoughts on and this included benefits, employment, hours of support and accessibility.
- In response to a question regarding how the service had approached work placements, it was mentioned that the service provided support in finding work placements by looking at local newspapers, approaching local charities, reaching out to community centres or services and looked at different areas where employment would be available. It was also stated that a number of service users had secured work in food banks and managed to get into paid employment, including agency work.
- The Committee queried about how long it would take for units to be filled, in response to this, it was advised that it would take around 3-4 months for a space to be filled but this would depend on the process and the suitability of the individual. At times it can take up to 6-8 months. Sometimes adjustments to accommodations would need to be made in order to ensure suitability and the assessment of the individual's needs.

**RESOLVED:**

That the presentation to be noted.

49

**SCRUTINY REVIEW OF ADULT SOCIAL CARE ACCOMMODATION - WITNESS EVIDENCE 2 (Item B2)**

**Housing 21 - Mildmays Extra Care**

Jackie Millar, Service Manager, Mildmays Extra Care, introduced the presentation and summarised key points to the Committee.

The following main points were noted in the discussion:

- The extra care scheme was commissioned by the Council.
- The independence of the residents was promoted by getting to know them individually, holistically, recognising their needs and struggles and understanding what their aspirations were.
- It was highlighted the service was not a care home and was more like supported living within a community. Each resident would have their own private unit with a front door. Domiciliary care would be available as well as having extra care provided on site.
- The Committee queried about how people would get to know about Mildmays Extra Care Scheme, in response to this question, it was advised that the service worked in partnership with Council services including Islington Learning Disability Partnership and Mental Health services. There was also an online road show to promote the services provided at Mildmays. It was also noted that social workers were the main point of contact of referring someone in through the brokerage team.
- It was advised that there would be 11 new commissioned extra care units within the existing buildings, where there was space available that could be adapted into making more units.
- The Committee noted that Mildmays was acquired by Housing 21 which was a care provider. Housing 21 had invested in the units. The units were then refurbished with new bathrooms and fittings as this needed restoration.
- In response to a question on the number of units available, it was noted that there was a total of 87 units, with around 9 new units to be opened in 2025.
- In terms of care available, it was stated that there were 24-hour staff available with a core care delivery team. There were approximately 2 staff for each unit at night to respond for emergencies, especially for those who had been discharged from hospital with extended services.
- It was advised that Mildmays provided services that were culturally appropriate. A quiet space would be provided for those who wanted to pray. Service users would have their own room where they would be able to pray privately. Mildmays was accommodating to all religious beliefs and was open to making changes to adapt to the religious needs of individuals.
- Officers advised that the extra care housing offer was being expanded and Mildmays was the only extra care provision at the moment. There were further projects for extra care housing in Holloway due to open in 2028. There were constant conversations about future developments and colleagues were aware of the importance around more extra care units. This was something that was less institutional and depending on market engagement there would be intergenerational extra care schemes. It was also noted that there were plans to speak to housing associations around producing more sheltered accommodation. It was advised that extra care works on a larger footprint.
- The Committee asked about the type of activities that were available for the residents and it was stated that the service provided a range of activities suitable for all residents. It was mentioned that there were 3 different units at Mildmays with a smaller house which enabled individuals to interact with each other. Residents were

able to participate in activities such as baking and cooking. There was also an activity programme arranged 5 times a week for enabled people. Additionally, in the other blocks, there were 3 rooms where residents could dine together. Funding was also provided from the Council and Housing 21 which contributed towards activities including poetry and book writing.

**RESOLVED:**

That the presentation to be noted.

**50 LONDON AMBULANCE SERVICE ANNUAL PERFORMANCE UPDATE (Item B3)**

James Johnson, Associate Director of Operations, London Ambulance Service introduced the presentation and summarised key points.

The following main points were noted in the discussion:

- The Committee noted that only 50% of patients who ring 999 get an ambulance and attend them.
- The London Ambulance Service (LAS) had been working to increase the availability of pathways, such as the Same Day Emergency Care (SDEC) systems. Under the SDEC Trusted Assessor pathway model, ambulance clinicians were empowered to assess the patients in the communities and be able to convey patients meeting the criteria directly to the SDEC without a prior phone call with hospital clinicians. This was set to reduce the pressure on the emergency departments and improved the clinical relationship between LAS and alternative clinical pathways.
- LAS was set to introduce SDEC Trusted Assessor pathway at the Whittington Hospital in January 2025, with a view to consider a possibility of extending to other hospitals in future.
- The London Lifesaver project was introduced where life-saving CPR and defibrillator training was provided for communities, organisations and schools.
- The London Heart Starters campaign used a data-driven approach to identify defibrillator deserts, which were small communities across the capital that had little to no defibrillators available to help save the life of someone having a cardiac arrest. LAS had been working to ensure that there were additional public-access defibrillators available in areas where they were needed the most.
- The Committee was informed that the service had six mental health cars along with ten community cars, providing tailored patient care for mental health patients, elderly and frail patients across London. This was a new concept which was under trial and data was being gathered to see if this was beneficial and to improve mental health care. It was added that in October 2024, Islington was one of the first areas where LAS was pioneering mental health ambulances to provide more dedicated and focused care to the local community.
- In response to a follow up question, members were told that there were also urgent crisis response cars which were available, where a rapid response nurse and a paramedic would be able to attend the most fragile patients.
- In terms of priorities, it was advised that some of the main priorities was around prevention, early CPR and early use of a defibrillator. It was highlighted that LAS had to prioritise both high acuity and low acuity cases. People were also advised to sign up for the GoodSAM application, where the LAS service had access to a system on the application where they would be alerted of a cardiac arrest.
- The Integrated Care Coordination was also a priority. Nationally the Integrated Care Coordination had been introduced in patches and was different in each location. It

was noted that this service was not available in London yet, however, there were clinical hubs available for people to access across London.

- The Committee noted that there was also priority around mental health and making sure that attendance assessment conveyance of mental health patients was appropriate for their needs and ensuring that referrals were completed according.
- In terms of CPR training, this was provided in schools and information was also available online. The service also provided pop-up sessions at the main hubs in London. People were able to register their interest for the training and were encouraged to attend workshops.

**RESOLVED:**

That the presentation to be noted.

**51 ISLINGTON SAFEGUARDING ADULTS BOARD - ANNUAL REPORT (Item B4)**

Fiona Bateman, Independent Chair, ISAB, summarised the key points as outlined in the Islington Safeguarding Adults Board Annual Report for 2023-2024.

The following main points were noted in the discussion:

- The Committee noted that in terms of Housing Associations, there would be landlords with some responsibilities and residents would have allocated support workers. The social worker would monitor and review that the needs were being met in a productive way. The social worker would generally be allocated by the Council.
- In terms of safeguarding responsibilities, it was advised that board sought to ensure that people were safe in all the different types of accommodation and in different types of situations. If there were any concerns around the quality of care or concerns around people being exploited in their own homes, this would be investigated by the Adult Social Care Service to ensure that the inquiry was robust and to reduce the risk of the individual. Additionally, there was also a report submitted to the Islington Safeguarding Adults Board every quarter, where details of any concerns around quality of care were highlighted and details of the support that had gone in to ensure that the service was providing good quality care.
- The Committee noted that Islington stood out as a borough as the Council had focused on a wide range of service providers and worked well with commissioners and regulators to make sure that the quality of care stayed consistent.
- In regard to data reporting and how numbers were presented in terms of age, it was noted that the way the data was presented was the same across all London Councils. If an individual was under the age of 18, the Children's Services would be responsible for safeguarding and child protection. If the Individual was 18 and above, then Adult Social Care Services would be responsible for the safeguarding of the individual. It was also noted that the service had merged the working age group and the 65 plus age group together. The reason to why there was more data on the 65 plus age group was because this group of individuals needed more support from Adult Social Care Service and so were seen more frequently.
- The Committee noted that in Islington, there were already several multi-agency issue-specific panels, such as the cuckooing panel. A session on Raising Safeguarding Awareness and Cuckooing was attended by residents from Adult Community Learning classes. Collaborative efforts with adults with learning disabilities led to co-produced scenarios on Mate Crime and Cuckooing.
- The Committee noted that financial abuse was another area of concern as scammer targeted older people deliberately. Across North Central London, there was a workshop carried out on financial abuse. The workshop focused on raising

awareness, recognising and identifying financial abuse and the impact it would have on the individual.

**RESOLVED:**

That the report to be noted.

**52 QUARTER 1 PERFORMANCE REPORT – PUBLIC HEALTH (Item B5)**

Johnathan O’Sullivan, Director of Public Health, introduced the report that sets out the quarter 1, 2024-2025 progress against targets for those performance indicators that fall within the Health and Social Care outcome area.

The following main points were noted in the discussion:

- There had been progress made in key areas including smoking, where figures are close to the national average.
- It was noted that the Introduction of the new ‘The Swap to Stop’ initiative designed to encourage people to stop smoking by initially swapping from cigarettes to vapes, recognising that rates of smoking were much higher in people using drugs or alcohol than they were in the general population.
- There was also strong progress made in the drug and alcohol treatment services. The service was committed to increasing the number of individuals accessing treatment for drug and alcohol use. The focus was on ensuring that referral pathways from key partners, particularly in criminal justice, continued to be effective.
- In regard to immunisations, it was noted that it remained challenging to make progress in terms of vaccinations. However, there was a lot of activity around reaching out to parents and communities about promoting vaccinations.
- In terms of health checks, it was advised that the Department of Health and Social Care and NHS continued to recognise the importance of prevention of Cardiovascular Disease (CVD) and the opportunity that the NHS Health Check offered to support this.

**RESOLVED:**

That the report be noted.

**53 WORK PROGRAMME 2024/25 (Item B6)**

**RESOLVED:**

That the Committee to note the report.

The meeting ended at: 21:30

**CHAIR:**